

**COLORADO STATE ASTHMA CARE PLAN**

Photo of child

Name:	Birth date:
Teacher:	Grade:
Parent/Guardian:	Cell Phone:
Home Phone:	Work Phone:
Other Contact:	Phone:
Preferred Hospital:	

 Triggers: ☐ Weather (cold air, wind) ☐ Illness ☐ Exercise ☐ Smoke ☐ Dog/Cat ☐ Dust ☐ Mold ☐ Pollen  
 Other:

**GREEN ZONE: PRETREATMENT STEPS FOR EXERCISE (Health provider initial all that apply)**

- ☐ Give 2 puffs of rescue inhaler 15 minutes before activity. Indications: ☐ Phys Ed class ☐ exercise/sports  
☐ recess Explanation:  
☐ Repeat in 4 hours if needed for additional or ongoing physical activity

**YELLOW ZONE: SICK – UNCONTROLLED ASTHMA (Health provider complete dosing for rescue inhaler)**
**IF YOU SEE THIS:**
**DO THIS:**

- Difficulty breathing
- Wheezing
- Frequent cough
- Complaints of chest tightness
- Unable to tolerate regular activities but still talking in complete sentences
- Other:

- Stop physical activity
- Give rescue inhaler (*name*):  
☐ 1 puff ☐ 2 puffs ☐ other: ☐ Via spacer
- If no improvement in 10-15 minutes, repeat use of rescue inhaler:  
☐ 1 puff ☐ 2 puffs ☐ other: ☐ Via spacer
- If student's symptoms do not improve or worsen, call 911
- Stay with student and maintain sitting position
- Call parents/guardians and school nurse
- Student may resume normal activities once feeling better

**▪ If there is no rescue inhaler at school:**

- Call parents/guardians to pick up student and/or bring inhaler/ medications to school
- Inform them that if they cannot get to school within 20 minutes, 911 will be called

**RED ZONE: EMERGENCY SITUATION (Health provider complete dosing for rescue inhaler)**
**IF YOU SEE THIS:**
**DO THIS IMMEDIATELY:**

- Coughs constantly
- Struggles or gasps for breath
- Trouble talking (only able to speak 3-5 words)
- Skin of chest and/or neck pull in with breathing
- Lips or fingernails are gray or blue
- ↓ Level of consciousness

- Give rescue inhaler (*name*):  
☐ 1 puff ☐ 2 puffs ☐ Other: ☐ Via spacer
- Repeat rescue inhaler if student not improving in 10-15 minutes  
☐ 1 puff ☐ 2 puffs ☐ Other: ☐ Via spacer
- Call 911 Inform attendant the reason for the call is asthma
- Call parents/guardians and school nurse
- Encourage student to take slower deeper breaths
- Stay with student and remain calm
- *School personnel should not drive student to hospital*

**INSTRUCTIONS for RESCUE INHALER USE: (HEALTH PROVIDER: PLEASE CHECK APPROPRIATE BOX(ES))**

- ☐ Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently  
☐ Student is to notify his/her designated school health officials after using inhaler  
☐ Student needs supervision or assistance to use his/her inhaler If not self carry, the inhaler is located:  
☐ Student has life threatening allergy, the epipen is located:

HEALTH CARE PROVIDER SIGNATURE

PLEASE PRINT PROVIDER'S NAME

DATE

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

PARENT SIGNATURE

DATE

School Nurse Signature

DATE

☐ 504 Plan or IEP

 Copies of plan provided to: ☐ Teachers ☐ Phys Ed/Coach ☐ Principal ☐ Main Office ☐ Bus Driver ☐ Other